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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/629043
	Filing Date	July 28, 2003
	First Named Inventor	Littel, Mark
	Art Unit	3743
	Examiner Name	Alli, Shumaya
	Attorney Docket Number	Littel

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with Customer Number: 


OR

<input checked="" type="checkbox"/> Firm or Individual Name	Thomas J. Finn, Esq. No. 48,066				
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I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Thomas J. Finn, Attorney for Applicant		
Date	5-18-05	Telephone	520-207-1615

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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